

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 027 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7</p> <p>This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the smoke barrier fire doors as required.</p> <p>The findings include:</p> <p>On 6/20/11 at 9:40 AM, observation within the dietary area revealed the corridor side door had a half (1/2") diameter penetration above the lockset.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 6/20/11.</p>	K 027	<p>Begin POC K 027</p> <p>The penetration on the door in the dietary area was sealed by our Plant Operations Director.</p> <p>In order to prevent this deficiency from recurring we will use only commercial grade lock sets with wide collars.</p> <p>This task was completed by June 24, 2011</p> <p>End POC K 027</p>	06/24/2011	
K 067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *JCS JONES* TITLE ADMINISTRATOR (X6) DATE 7/6/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUL 14 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 067	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the heating ventilating and the air-conditioning system as required. The findings include: On 6/20/11 at 9:30 AM, observation within the 400 hall area revealed the resident bathroom exhaust fans were not working. This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 6/20/11.	K 067	Begin POC K 067 The exhaust fan was repaired by June 24, 2011 by our Plant Operations Director. We believe this failure was the result of a nearby lightning strike (just days prior to the unannounced survey) and it would have been discovered and repaired as the result of our routine Preventive Maintenance program. End POC K 067		06/24/2011
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined the facility failed to maintain the electrical system as required. The findings include: On 6/20/11 at 10:55 AM, observation within the laundry clean area revealed there was an extension cord in use. This finding was acknowledged by the Administrator and verified by the Maintenance	K 147			

JUL 14 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147	Continued From page 2 Director during the exit interview on 6/20/11.	K 147	<p>Begin POC K 147 The extension cord was removed by June 24, 2011.</p> <p>In order to prevent this event from recurring our Plant Operations Director reviewed the use of extension cords with Housekeeping / Laundry Employees. End POC K 147</p>		06/24/2011

JUL 14 2011